## CLCS Review Item Disposition

| 1. Initiator  | LAST NAME FIRST  | 2. Type of Review  | 3. RID Number          |
|---|--|--|------------------------|
| Name  |  | ☐ General Document Review  | 00200-                 |
| Organization  |  |  |                        |
|   |  | PDR, CDR, <b>ABR</b> , PPR (circle)  |                        |
| Phone   |  | Other  |                        |
| Fax   |  |  |                        |
|   |  |  |                        |
| 5a. Doc. Number                                     | 84K00200 6. Doc. Name Syste  | m Level Specification (SLS)  |                        |
| 5a. Doc. Revision                                   |  |  |                        |
|   | Pre-Release 1  |  |                        |
| 6. Name of RID Te                                   | SLS RID Review Team  |  |                        |
|   | SES RID REVIEW Team  |  |                        |
| 7. Problem  |  |  |                        |
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| 8. Recommendation                                   | n  |  |                        |
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|   |  | Hardcopy of Red  | ines/Comments Attached |
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| 9. Impact if recomm                                 | mendation not implemented  | Hardcopy of Red  | ines/Comments Attached |
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| 9. Impact if recom                                  | mendation not implemented  | Hardcopy of Red  | Submission Date        |
| 9. Impact if recomm                                 |  |  |                        |
| 10. Team Recomm                                     | endation   | Initiator - Signature  11. Action Required   |                        |
| 10. Team Recomm  ☐ Acce                             | endation<br>epted  | Initiator - Signature  11. Action Required  Update Document                                  |                        |
| 10. Team Recomm  ☐ Acce ☐ Reject                    | endation<br>epted<br>cted  | Initiator - Signature  11. Action Required  Update Document  Study                           | Submission Date        |
| 10. Team Recomm  ☐ Acce                             | endation<br>epted<br>cted  | Initiator - Signature  11. Action Required  Update Document                                  | Submission Date        |
| 10. Team Recomm  ☐ Acce ☐ Reject ☐ Study            | endation epted cted  | Initiator - Signature  11. Action Required  Update Document  Study                           | Submission Date        |
| 10. Team Recomm  Acce Reject Study                  | endation epted cted y drawn  | Initiator - Signature  11. Action Required  Update Document  Study                           | Submission Date        |
| 10. Team Recommune Accee Reject Study With          | endation epted cted y drawn rred to CLCS CCB Screening Panel   | Initiator - Signature  11. Action Required  Update Document  Study  Other (specify)          | Submission Date        |
| 10. Team Recomm  Acce Reject Study                  | endation epted cted y drawn rred to CLCS CCB Screening Panel   | Initiator - Signature  11. Action Required  Update Document  Study                           | Submission Date        |
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